
ANARCHO-SYNDICALISM

THE ANARCHIST LABOR MOVEMENT

MEDICAL CARE

Medicine today has become highly specialized and is permeated with interference from insurance corporations and drug manufacturers [some of the world's biggest capitalists]. It is difficult and expensive to get basic medical care [public hospitals in working class communities are being closed by the government]. Timely diagnosis and treatments also seem to be myths of the medical industrialists as well. Ambulance services may only be available to those with money in the near future. Paramedics are attached to fire departments, many of which are voluntary. Dental, optical, prenatal, pediatric, and elderly care are *even more* neglected [less available to those who need them]. Governments have closed public mental hospitals until the primary sources of treatment/medication for mentally ill persons are the State and County prison systems. US military hospitals are overwhelmed with patients from the latest US-Iraq War to before the US-Viet Nam War.

"To each according to their needs."

MEDICAL DEMAND: We propose to reorganize the system around a "single payer system" [according to the principles of mutual aid and mutual risk]. Employers will be collectivized. Collectivized workplaces will treat health care as part of the cost of production [labor needs periodic maintenance and repair, just as machinery must be maintained and periodically repaired], so collectivized work places will contribute to one or more medical mutual aid funds depending on efficiency and "economy of scale". These funds will reimburse medical service providers for medical care, medicine and medical supplies/facilities/equipment.

DEMAND-SIDE MANAGEMENT: Worker self-management will enable us to reduce the need for medical care by promoting safer and less stressful workplaces, a cleaner environment, childhood nutrition and preventative medicine, etc.. We need to reduce the use of potentially harmful chemicals in food and other aspects of human life [food/drink, workplaces, homes, etc.]. We can also improve our general hygiene and sanitation practices.

NO FREEDOM WITHOUT WELL-BEING (Bakunin): All people should take advantage of available medical care. Without bosses, we hope to have more doctors and nurses. Health [part of well-being] is a cardinal value/precursor of a free society, not a privilege for the wealthy. No person will ever be denied the health care that they need.

We need regular medical, dental, and optical exams for purposes of preventative medicine.

Reorganizing Medical Services

MEDICAL WORKERS: Firstly, medical workplaces will be collectivized. This will include laboratories and support services from the cradle to the grave. This will include medical schools and medical job training. Free college education based on aptitude will free doctors and nurses from a life of debt. Medical students will work in an internship and a 1 year residence before they can be tested or certified to practice medicine. *Some job skills and experience(s) cannot be democratized*, as was discovered of medicine in the Chinese Cultural Revolution [when they killed doctors for not being "politically correct"]. We will maintain a certification process [a collective] for professional expertise for medical workers like doctors and nurses with life restorative/sustaining responsibilities.

All doctors should work first as general practitioners for several years in a public hospital or military [veterans/militia] hospitals, to pay for their free education. Work errors can be minimized by reducing [avoiding, if possible] overwork. Without bosses, we hope to have less continuous work hours for doctors and nurses. While working as general practitioners, doctors and nurses will use their knowledge and skills to help teach, before specializing in an area of medicine.

Fellow medical workers will help each other to uphold the public trust in them [*Medical malpractice/substance abuse by doctors is a crime, not a lawsuit*].

MEDICAL SERVICES: As a worker, you will get a medical picture-ID card which will introduce you and your family/household to medical service providers. It is also a passport for filling prescriptions.

According to service planners at Kaiser-Permanente HMO in Southern California (1994), modern medicine is less invasive and requires less protracted time in the hospital [fewer overnight stays]. Without the cost burden of medical malpractice lawsuits and the profit motives of medical corporations, we can make medical care more affordable by the way its physical resources/facilities are allocated/located; by reorganizing existing facilities and building new ones.

When capitalism is abolished, *social wealth* will be democratized in community credit unions. We propose that some of these resources be earmarked for improvements to public health [and education]. *Each community will collaborate with their health workers to understand their health care needs and plan for adequate care for their people* [a mix of the following]:

(1) THE FREE CLINIC (neighborhood clinic) will provide outpatient care, prescription drugs [pharmacies], medical exams, women's health information, medical testing lab referrals and referrals to specialists for further examination and treatment [triage].

(2) THE URGENT CARE HOSPITAL (community hospital) will provide medical exams and outpatient medical care and surgery. Facility would host general practitioners, internal medicine, sports medicine, family medicine [obstetrics, pediatrics, family planning/birth control], dental care, and optical care.

(3) THE EMERGENCY CARE HOSPITAL (regional hospital) will have in patient medical and forensic laboratories. It will provide Trauma Center care, life restorative surgery, medical specialists, etc.. It will serve more than one community and those communities will share in its upkeep. Rescue Ambulances and paramedics will be stationed at community fire stations. Medical equipment will be supplied when available, or shared between hospitals, otherwise. Facility would host medical school interns and first year residents..

(4) THE ELDERLY CARE HOSPITAL (built where needed) will be associated with and support existing Assisted Living facilities, Retirement Homes, and Home Bound ["shut-in"] elderly persons. Retired persons who are still independent will not need this facility until their independence becomes limited by age and decrepitude.

(5) THE MILITARY HOSPITAL will provide long-term medical treatment for Veterans of military service and other victims of militarism and wars.

(6) THE MENTAL HEALTH HOSPITAL will provide long-term out-patient and in-patient care for the mentally ill, substance abusers, and those needing counseling for other medical problems.

Besides hospitals, doctors and nurses will continue to work in a variety of medical services including private medical, dental and optical practices/offices.

Medicines

Medicines are overpriced under capitalism because they are a monopoly or oligopoly. When their production is collectivized, they will be produced for need [free or rationed] rather than profit. This will also affect whether new medicines are rushed to market for profit or for human needs; and how fast we get rid of drugs that turn out to be too unhealthful or too risky [e.g., bad side effects].

We must preserve traditional medicine [like home remedies] and ancient ecosystems [e.g., Amazon] from destruction, because they may be a source of future medicines. We advocate saving and exchanging home remedies. We advocate sound new medical research.

It is important that workers should be comfortable administering First Aid on themselves and others in their workplaces and families. First Aid should be taught as part of a health class in public schools.